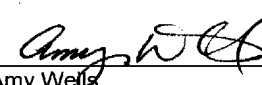
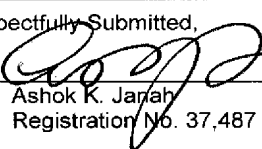


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Tarara et al. Application No: 09/886,296 Confirmation No: 6348 Filed: 06/21/2001 Title: ENGINEERED PARTICLES AND METHODS OF USE	Group No: 1616 Examiner: Sharmila S. Gollamudi Attorney Docket No: 0054.10 Thursday, August 30, 2007 San Francisco, CA 94107
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Commissioner for Patents US Patent and Trademark Office VIA Efs Papers Enclosed <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Declaration <input type="checkbox"/> 0 Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return	Extension of Time <input checked="" type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Extension (Months)</th> <th colspan="2" style="text-align: center;">Extension Fee</th> </tr> <tr> <th></th> <th style="text-align: center;">Large Entity</th> <th style="text-align: center;">Small Entity</th> </tr> <tr> <td><input type="checkbox"/> One Month</td> <td style="text-align: center;">\$120.00</td> <td style="text-align: center;">\$60.00</td> </tr> <tr> <td><input type="checkbox"/> Two Months</td> <td style="text-align: center;">\$450.00</td> <td style="text-align: center;">\$225.00</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three Months</td> <td style="text-align: center;">\$1020.00</td> <td style="text-align: center;">\$510.00</td> </tr> <tr> <td colspan="3" style="text-align: center;">Total \$ 1020.00</td> </tr> </table> <input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.	Extension (Months)	Extension Fee			Large Entity	Small Entity	<input type="checkbox"/> One Month	\$120.00	\$60.00	<input type="checkbox"/> Two Months	\$450.00	\$225.00	<input checked="" type="checkbox"/> Three Months	\$1020.00	\$510.00	Total \$ 1020.00		
Extension (Months)	Extension Fee																		
	Large Entity	Small Entity																	
<input type="checkbox"/> One Month	\$120.00	\$60.00																	
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<input checked="" type="checkbox"/> Three Months	\$1020.00	\$510.00																	
Total \$ 1020.00																			

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	46	37	9	\$50.00	\$25.00	\$450.00
Independent Claims	2	5	0	\$200.00	\$100.00	\$0.00
Multiple Dependent Claims				\$360.00	\$180.00	\$0.00
Supplemental Information Disclosure Statement						
Total						\$450.00

Fee Payment <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Extension Fees</td> <td style="width: 50%; text-align: right;">\$1020.00</td> </tr> <tr> <td>Fees for Extra Claims</td> <td style="text-align: right;">\$450.00</td> </tr> <tr> <td>RCE Fee</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>Total</td> <td style="text-align: right;">\$1470.00</td> </tr> </table> <input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input checked="" type="checkbox"/> Please charge Deposit Account No. 10-0258 in the sum of \$1470.00 CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a): I hereby certify that, on the date shown below, this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office via Fax No. (571) 273-8300, or deposited with the United States Postal Service as first class mail with sufficient postage, in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or electronically filed via EFS, on the date shown below. By:  Date: August 30, 2007 Amy Wells	Extension Fees	\$1020.00	Fees for Extra Claims	\$450.00	RCE Fee	\$0.00	Total	\$1470.00	Fee Deficiency <input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. 10-0258. and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. 10-0258. Please direct telephone calls to: Ashok K. Janah at (415) 538-1555 Please continue to send correspondence to: Mr. Guy Tucker Nektar Therapeutics 150 Industrial Road San Carlos, CA 94070 Respectfully Submitted, By:  Date: August 30, 2007 Ashok K. Janah Registration No. 37,487
Extension Fees	\$1020.00								
Fees for Extra Claims	\$450.00								
RCE Fee	\$0.00								
Total	\$1470.00								